

(Your Sponsor Name/Logo Here)

CACFP Program Management Training

Location: Physical address, room number, etc.

Date: Month, Day and Year

Time: 7:00 pm – 9:00 pm

ECP Approval #: _____

For 2 hours of professional education in the Program Management Knowledge Base.

Learning Objectives:

1. Gain knowledge of federal and state regulations for the CACFP Program
2. Complete annual civil rights training

Agenda:

1. Introduction and welcome
2. Review Sponsor/Provider Agreement
3. CACFP recordkeeping and reporting requirements update
4. Annual civil rights training
5. Best practices
6. Q & A
7. Evaluations

Additional training sessions will be held:

Month, day and year

Month, day and year

Month, day and year

All trainings will be held at *(Location)*.

Instructor: Jane Doe, CACFP Staff